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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/795,805
		Filing Date	March 8, 2004
		First Named Inventor	Richard K. Squires
		Group Art Unit	N/A
		Examiner Name	N/A
Total Number of Pages in This Submission (including this sheet)	219	Attorney Docket No.	2516.STS.CN

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Preliminary Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Appeal Communication: <input type="checkbox"/> Appeal Notice <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Reply Brief <input type="checkbox"/> Assignment with Cover Sheet <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Check in the amount of \$____ <input type="checkbox"/> Credit card authorization in the amount of \$____ <input type="checkbox"/> Declaration & Power of Attorney <input checked="" type="checkbox"/> Drawings <u>2</u> sheets (Replacement Sheets) <input checked="" type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> Extension of Time Request _____ month <input type="checkbox"/> Fee Calculation Table <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form 1449 <input type="checkbox"/> Copies of IDS References <input type="checkbox"/> Issue Fee Transmittal & Advance Order	<input type="checkbox"/> Maintenance Fee Transmittal _____ year <input type="checkbox"/> Missing Parts Response <input type="checkbox"/> Notification of Change of Attorney Address & Docket Number <input checked="" type="checkbox"/> Return Postcard <input type="checkbox"/> Revocation & Power of Attorney <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Other:
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SIGNATURE OF APPLICANT, ATTORNEY OR AGENT	
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Signature		Date	10-7-04
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CERTIFICATE OF MAILING UNDER 37 CFR § 1.8

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Typed or Printed Name	Frank W. Compagni
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Signature		Date	10-7-04
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